

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

(Electronic Version)

2010 MAY 10 10:10 AM  
TRAFFIC CRASH RECORDS  
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Date of Crash <b>07/Mar/2014 11:53 AM</b>	Time of Crash <b>07/Mar/2014 11:53 AM</b>	Date of Report <b>07/Mar/2014 12:36 PM</b>	Invest. Agency Report Number <b>14-127352</b>	HSMV Crash Report Number <b>84610634</b>
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## CRASH IDENTIFIERS

County Code <b>03</b>	City Code <b>0</b>	County of Crash <b>HILLSBOROUGH</b>	Place or City of Crash <b>UNINCORPORATED H.C.</b>	Within City Limits <b>No</b>	Time Reported <b>07/Mar/2014 11:53 AM</b>	Time Dispatched <b>07/Mar/2014 11:56 AM</b>
Time on Scene <b>07/Mar/2014 12:14 PM</b>	Time Cleared Scene <b>07/Mar/2014 02:42 PM</b>	Completed <b>Yes</b>	Reason (if Investigation NOT Completed)			Notified By <b>Law Enforcement</b>

## ROADWAY INFORMATION

Crash Occured On Street, Road, Highway <b>MORRIS BRIDGE RD</b>			At Street Address#		At Latitude and Longitude	
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway <b>INTERSTATE 75</b>			Or From Milepost #
Road System Identifier <b>4 County</b>		Type Of Shoulder <b>1 Paved</b>		Type Of Intersection <b>1 Not at Intersection</b>		

## CRASH INFORMATION (Check if Pictures Taken) ☐

Light Condition <b>1 Daylight</b>	Weather Condition <b>2 Cloudy</b>	Roadway Surface Condition <b>1 Dry</b>	School Bus Related <b>1 No</b>	Manner Of Collision <b>3 Angle</b>		
First Harmful Event Type	First Harmful Event <b>14</b>	First Harmful Event Location <b>1 On Roadway</b>	Within Interchange <b>Yes</b>	First Harmful Event Relation to Junction <b>1 Non-Junction</b>		
Contributing Circumstances: Road <b>1 None</b>		Contributing Circumstances: Road		Contributing Circumstances: Road		
Contributing Circumstances: Environment <b>1 None</b>		Contributing Circumstances: Environment		Contributing Circumstances: Environment		
Work Zone Related <b>2 Yes</b>	Crash In Work Zone <b>4 Activity Area</b>	Type Of Work Zone <b>3 Work on Shoulder or Median</b>	Workers In Work Zone <b>2 Yes</b>	Law Enforcement In Work Zone <b>1 No</b>		

## VEHICLE (Check if Commercial) ☐

Vehicle <b>2</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>AMZD96</b>	State <b>FL</b>	Reg. Expires <b>13/Jan/2015</b>	Permanent Reg. <b>No</b>	VIN <b>5TDKK4CC8AS335473</b>
Year <b>2010</b>	Make <b>TOYT</b>	Model <b>SIENNA</b>	Style <b>VN</b>	Color <b>GRY</b>	Extent of Damage <b>Disabling</b>	Est. Damage <b>7000</b>	Towed Due To Damage <b>Yes</b>
Insurance Company <b>DIRECT GENERAL INSURANCE</b>			Insurance Policy Number <b>FLAD490076442</b>				
Name of Vehicle Owner (Check Box If Business) <b>ALBERT D MCCLINTON</b>			Current Address (Number and Street) <b>4346 HUDDLESTONE DR</b>			City and State <b>WESLEY CHAPEL FL</b>	
						Zip Code <b>33545-5234</b>	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make
Vehicle Traveling: <b>West</b>	On Street, Road, Highway <b>MORRIS BRIDGE RD</b>					At Est. Speed <b>40</b>	Posted Speed <b>50</b>
CMV Configuration		Cargo Body Type		Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR		Trailer Type (trailer one)		Trailer Type (trailer two)			
Haz. Mat. Release	Haz Mat. Placard	Number	Class				
Motor Carrier Name			US DOT Number				
Motor Carrier Address			City and State			Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type <b>2 Passenger Van</b>	Vehicle Defects (one) <b>1 None</b>	Vehicle Defects (two)	Emergency Vehicle Use <b>1 No</b>	Special Function of MV <b>1 No Special Function</b>		
Vehicle Maneuver Action <b>1 Straight Ahead</b>	Trafficway <b>3 Two-Way, Divided, Unprotected (painted &gt;4 feet) Median</b>	Roadway Grade <b>1 Level</b>	Roadway Alignment	Most Harmful Event <b>2 Collision with Non-Fixed Object</b>	Most Harmful Event Detail <b>14 Motor Vehicle in Transport</b>		
Traffic Control Device For This Vehicle <b>77 Other, Explain in Narrative</b>	First (1) Sequence of Events <b>2 Collision with Non-Fixed Object</b>		Second (2) Sequence of Events		Fourth (4) Sequence of Events		
		<b>14 Motor Vehicle in Transport</b>					

## VEHICLE (Check if Commercial) ☐

Vehicle <b>1</b>	Motor Vehicle Type <b>1 Vehicle in Transport</b>	Hit and Run <b>1 No</b>	Veh License Number <b>SE3</b>	State <b>OH</b>	Reg. Expires <b>28/Feb/2016</b>	Permanent Reg. <b>No</b>	VIN <b>2FMDK3JC2ABA19053</b>
Year <b>2010</b>	Make <b>FORD</b>	Model <b>EDGE</b>	Style <b>SW</b>	Color <b>BLK</b>	Extent of Damage <b>Disabling</b>	Est. Damage <b>7000</b>	Towed Due To Damage <b>Yes</b>
Insurance Company <b>HOME OWNERS INSURANCE CO</b>			Insurance Policy Number <b>4672189800</b>				

Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/>		Current Address (Number and Street)				City and State		Zip Code	
SUSAN K ERWIN		6715 RIVERSIDE DR				POWELL OH		43065	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Traveling:	Direction	On Street, Road, Highway				At Est. Speed	Posted Speed	Total Lanes	
	West	MORRIS BRIDGE RD				15	50	4	
CMV Configuration			Cargo Body Type			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR			Trailer Type (trailer one)			Trailer Type (trailer two)			
Haz. Mat. Release			Haz Mat. Placard			Number			Class
Motor Carrier Name			US DOT Number						
Motor Carrier Address			City and State			Zip Code			Phone Number
Comm/Non-Commercial	Vehicle Body Type		Vehicle Defects (one)		Vehicle Defects (two)		Emergency Vehicle Use		Special Function of MV
	16 (Sport) Utility Vehicle		1 None				1 No		1 No Special Function
Vehicle Maneuver Action		Trafficway		Roadway Grade		Roadway Alignment		Most Harmful Event	
10 Making U-Turn		3 Two-Way, Divided, Unprotected (painted >4 feet) Median		1 Level		1 Straight		2 Collision with Non-Fixed Object	
Traffic Control Device For This Vehicle		First (1) Sequence of Events		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
77 Other, Explain in Narrative		2 Collision with Non-Fixed Object						14 Motor Vehicle in Transport	

PERSON RECORD

Person#	Description	Vehicle #	Name		Date of Birth	Sex	Phone Number	Re-Exam
1	1 Driver	1	SUSAN K ERWIN			2 Female		No
Address		City		State		Zip Code		
6715 RIVERSIDE DR		POWELL		OH		43065		
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity		Ejection
		OH	07/Mar/2014	5 E/Operator		4 Incapacitating		1 Not Ejected
Restraint System		Air Bag Deployed		Helmet Use		Eye Protection		Seating Location Seat
3 Shoulder and Lap Belt Used		2 Not Deployed				3 Not Applicable		1 Left
Drivers Actions at Time of Crash (first)		Drivers Actions at Time of Crash (second)		Driver Distracted By		Vision Obstruction		
3 Failed to Yield Right of Way				1 Not Distracted		1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash				
				1 Apparently Normal				
Suspected Alcohol Use		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type
1 No		1 Test Not Given				1 No	1 Test Not Given	
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		
2 EMS		TEMPLE TERRACE FD		F01-201400		TAMPA GENERAL HOSPITAL		

PERSON RECORD

Person#	Description	Vehicle #	Name		Date of Birth	Sex	Phone Number	Re-Exam
2	1 Driver	2	ALBERT D MCCLINTON			1 Male		No
Address		City		State		Zip Code		
4346 HUDDLESTONE DR		WESLEY CHAPEL		FL		33545		
Driver License Number		State	Expires	DL Type	Req. End.	Injury Severity		Ejection
		FL	13/Jan/2017	5 E/Operator		3 Non-incapacitating		1 Not Ejected
Restraint System		Air Bag Deployed		Helmet Use		Eye Protection		Seating Location Seat
3 Shoulder and Lap Belt Used		3 Deployed-Front				3 Not Applicable		1 Left
Drivers Actions at Time of Crash (first)		Drivers Actions at Time of Crash (second)		Driver Distracted By		Vision Obstruction		
1 No Contributing Action				1 Not Distracted		1 Vision Not Obscured		
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash				
				1 Apparently Normal				
Suspected Alcohol Use		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type
1 No		1 Test Not Given				1 No	1 Test Not Given	
Source of Transport to Medical Facility		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To		
1 Not Transported						REFUSED TRANSPORT		

WITNESSES

Name	Address	City	State	Zip Code
MICHAEL ALBERT HEBERT	5842 AUDUBON MANOR BL	LITHIA	FL	33547

WITNESSES

Name	Address	City	State	Zip Code
WAYNALYN WOODS DESHIELDS	20333 NATURES CORNER DR	TAMPA	FL	33647

WITNESSES

Name JON WILLIAM BERRY	Address 1620 S DOVER RD	City DOVER	State FL	Zip Code 33527
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VIOLATIONS

Person# 1	Name SUSAN K ERWIN	Florida Statute Number 316.1515	Charge IMPROPER/UNSAFE OR PROHIBITED U-TURN	Citation A1T19UE
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NARRATIVE

ID Number 5941	Rank MASTER	Name DEP D. LAJIC	Troop / Post TRAFFIC120	Officer Agency HILLSBOROUGH COUNTY SHERIFF	Phone Number 813-247-0600	Date Created Mar 07, 2014
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Vehicle #1 (V1) was stopped on the right shoulder of westbound Morris Bridge Rd at the interchange area of Interstate 75. V1 had pulled behind her husband, who was operating a RV Motor Home. V2 was traveling west on Morris Bridge Rd, approaching the Interstate 75 interchange area (northbound exit/entrance ramp area).

There is active construction in this area and the median of Morris Bridge Rd was blocked off and lined with construction barrels. The driver of V1 and her husband decided to make a u-turn on Morris Bridge Rd to head back towards the northbound I-75 entrance ramp. The driver of V1 failed to yield the right of way to V2 when she proceeded back out onto Morris Bridge Rd to make her u turn. The driver of V2 had already began to slow down because the RV had made the u turn but was unable to avoid hitting V1. The front right of V2 struck the driver's side door area of V1.

The driver of V1 was transported to Tampa General Hospital for incapacitating injuries. The driver of V2 was sore from the airbag deployment and seatbelt. He declined medical transport. It has been determined that the driver of V1 is at fault in this crash and was cited for making an improper/unsafe u turn.

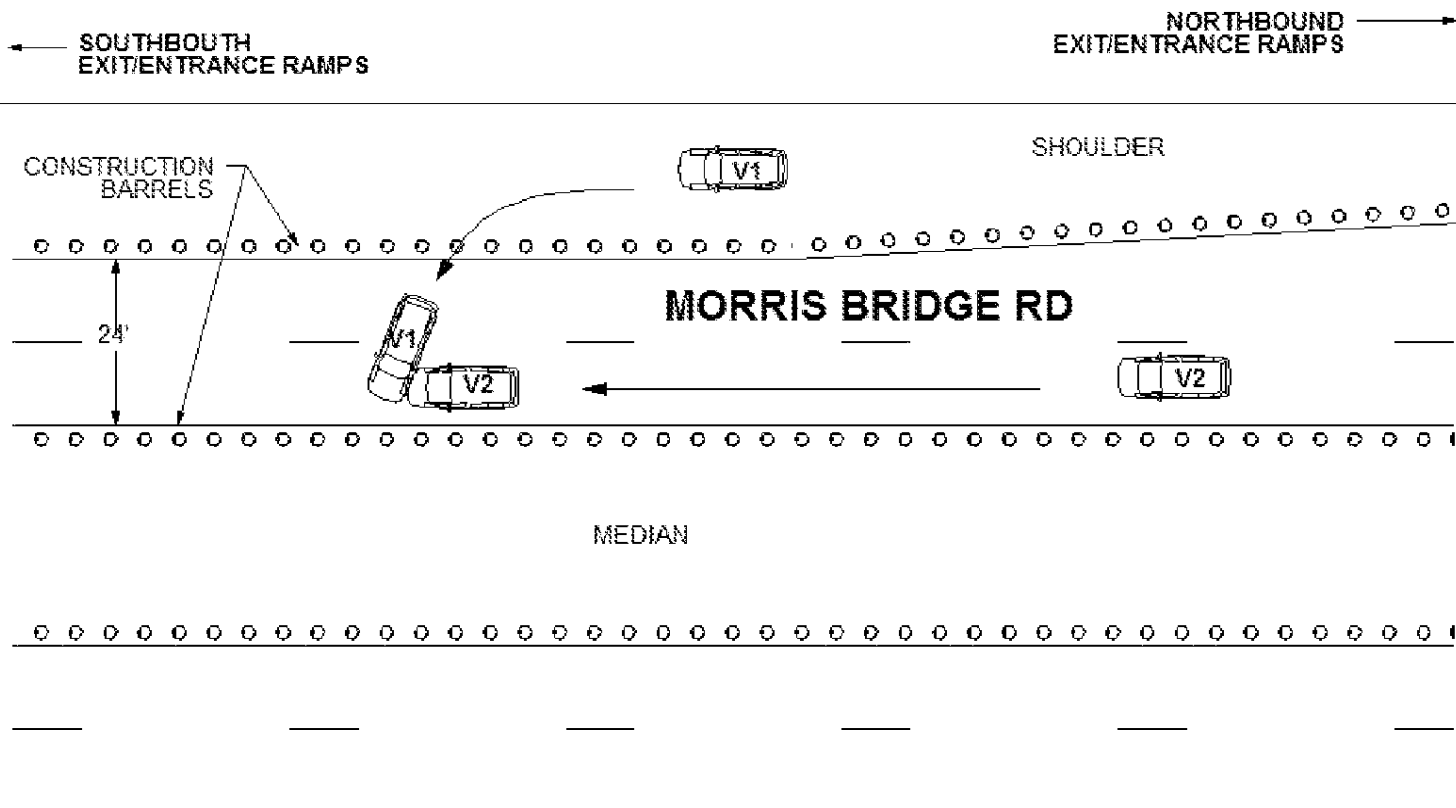
The driver of V2 stated he was driving down Morris Bridge Rd and saw a RV making a u turn and then the other car (V1) followed and turned in front of him at the last second.

The driver of V1 stated she did not remember what happened.

REPORTING OFFICER

ID/Badge # 5941	Rank and Name MASTER DEP D. LAJIC	Department HILLSBOROUGH COUNTY SHERIFF'S OFFICE	Type of Department SO
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# INTERSTATE 75 INTERCHANGE AREA



-- NOT TO SCALE  
-- MEASUREMENTS ARE  
APPROXIMATE